

- ☐ Fatal
☐ Injury
☐ PDO OVER \$500
☐ PDO UNDER \$500
☐ Private Property

STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
 Rev. 1-95

- ☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page / of
Distance	Ft/Mi	Dir. <input type="checkbox"/> FROM <input type="checkbox"/> AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number		Reviewed By

COLLISION DIAGRAM (Show Unit Movements, Roads)

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N

Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.

		DATE of ACCIDENT
		TIME Occurred DAY
		TIME Notified DAY
		TIME Arrived DAY

Object damaged and nature of damage (Show location in diagram)	Name and Address of object owner
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ON Road	Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude
County	City Code	Agency Code	Distance	Reference Road 1	Distance	Reference Road 2	Coder	Func. Class

Unit <input type="checkbox"/> Driver <input type="checkbox"/> Ped NAME (Last, First and Initial)	Phone <input type="checkbox"/> Work <input type="checkbox"/> Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)			STATE	LICENSE PLATE #	YEAR	Removed By:
DRIVER'S LICENSE STATE and NUMBER		CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	
St. No.					Odometer	
Registered OWNER FULL NAME ("Same" if Driver)		Phone <input type="checkbox"/> Work <input type="checkbox"/> Home	TOTAL occupants in this vehicle	Fire?	Insurance Company	
OWNER Address ("Same" if Driver)			Special Data Area	Direction of Travel	Policy Number	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

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TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT

E Unit M S A	INJURED TAKEN By: INJURED TAKEN To:	E Unit M S B	INJURED TAKEN By: INJURED TAKEN To:	E Unit M S C	INJURED TAKEN By: INJURED TAKEN To:
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